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You nurses remember in ministering to the sick that there is a service for the well, and that just as the nineteenth century was the age of steam and electricity, so the twentieth century is to be the age of hygiene and sanitation. The time is coming for you to play your part as teacher health nurse in the service of the well. Will you be as ready for employment in the aid of health as you are to go to the surgical ward and the typhoid camp?

ANÆSTHESIA SCREEN

By MISS AGATHA HODGINS
Graduate Boston City Hospital; Special Anæsthetist to Lakeside Hospital,
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The following is a description of a very simple and what we have found in our clinic a sufficient protection for the anæsthetist in our neck work, especially in goitre operations.

It consists of a large sterilized square of cotton and gauze, 42 inches wide and 56 inches long. The cotton material extends back 20 inches. The gauze is then joined along the width (42 inches) and measures back 36 inches.

The centre of the cotton part is curved like a bib to fit the neck. This curve measures 14 inches and has a casing through which runs a drawing tape, so that the curve may be made smaller. This bib-like part is adjusted by tying or is secured to the patient's rubber cap by means of hæmostats. We use the latter method.

When the screen is adjusted by his assistants to suit the operator, it is thrown back over the anæsthetist's head, completely screening her from the operating field, the cotton part coming between her and the field. The gauze gives sufficient air, and is kept in the required position by securing it to the anæsthetist's gown with hæmostats.

In Doctor Crile's clinic we use nitrous oxide and oxygen almost exclusively. It is impossible of course to sterilize the apparatus, and we have therefore found this screen most valuable, as it does not slip out of position. We have also used it with ether anæsthesia and think it makes the problem of keeping away from the field much more simple and comfortable for the anæsthetist.